PHYSI-PLACE OF DEATH be stated EXADILY, proporty classine ORD certificate. **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS S SINGLE, MARRIED, 4 COLOR OR RACE back of 3 SEX OR DIVORCED eq (Write the word) it may ehouid that instruction (Day) (Month) 7 AGE supplied WITH UNFADING INK--THIS terms RESERVED 8 OCCUPATION 99 (a) Trade, profession or be carefully su SEATH in plain t particular kind of work (b) General nature of industry important. business, or establishment in which employed or (employer)..... MARGIN 9 BIRTHPLACE (State or country) nformation should state CAUSE CF DI CCUPATION is very 10 NAME OF 11 BIRTHPLACE RENTS OF FATHER (State or country) 12 MAIDEN NAME PA OF MOTHER Every Item of Inform CIANS should state statement of OCCU. 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO (Address) If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

[If LESS than

I day hrs.

or ____min.?

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

,	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH 726 , 1987
	17 I HEREBY CERTIFY, That I attended the deceased from 1951. to 1951. that I last saw here alive on 2001.
	and that death occurred on the date stated above, at 10.8 30m. The CAUSE OF DEATH * was as follows:
	(Duration) yrs 6 mos ds.
	Contributory Secondary
	(Signed) (Durstion) yrs yrs ds. (Signed) M. D. (Address) (Address)
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
	if not at place of dea h?
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	20 UNIERTAGER ADDRESS

(Approved by U. S. Census ɛnd American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to c.ch and every person, irrespective cf tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Ilousewife, Ilouseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wombusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salcsman, (b) (b) For persons who have no occupation Automobile factory. The material As examples: (a) Grocery;

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), st_ted unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," by Committee on Nomenclature of the Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

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PHYSI-

PLACE OF DEATH	01913 STATE OF MARYLAND CERTIFICATE OF DEATH
County Harfina.	Registration Dist. No. 183
Village or City Joeks (No., -)	St.: Ward) (If denth occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SYNGLE, MARRIED, MARKIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Tel. 26, 1983/ (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Feb 12 19/3/, to Feb 257 19/3/
(Month) (Day), 1545	and that death occurred on the date stated above, at
7 AGE 16 LESS than 1 dayhrs. 17 ds. ormin.?	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or Former particular kind of work (b) General nature of industry business, or establishment in	Pahapfigid (Duration) yrs mos do.
9 BIRTHPLACE (State or country) Horford Co Miles (State or country)	Contributory Secondary (Duration) mos de
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Africal G Ind 12 MAIDEN NAME OF MOTHER	(Signed) — E Ordhawe M.D. 7-16. 21. 1918/. (Address) Cardf, M.S. *State the Disease Causing Death, fr. in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
18 BIRTHPLACE OF MOTHER (State or country) Horford & Mud. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients, or Recent Residents) At place In the of death yrs mos da. State, yrs mos da. Where was disease contracted, if not at place of death?
Elith Ques	Former or
(Informant) Course Bocks Mul	usual residence 18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Cheshoof Grove a. M. E. Cem Filhroly 2, 13/
Filed Feb. 28 1931 Thomas P. Brown Registrar	20 UNDERTAKER SANCTONILL

word blanks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requestive N. S.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

thred 6 yrs.). For persons who have no occupation whatever, write Nome business, that fact may be indicated thus: Farmer state occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servent, Cook ployed, as At achool or At home. Care should be taken Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter age. For many occupations a single word or term on Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc--Coal mine, etc. Womspecification as Day

spinal meningitis"); Diphtheria (avoid use of "Cronn"); Typhoid fever (never report "Typhoid pneumonia"); ed term for the same disease. Examples: Cerebroada to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar fever (the only definite synonym is "Epidemic derebro-Statement of Cause of Death-Name, first, the prepneumonia. Bronchooneumonia ("Pneumonia"

ence. All the data is essential and the certificate is permanently filed.

tions answered in detail, it will prevent further correspond-

All the data is essential and must be obtained before

If this certificate is looked over thoroughly and all ques-

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee ou head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain—accident; Revolver wound of head-homicide; and qualify as accidental, suicidal, or Homicidal, or "Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasınıns," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" (merely Poisoned by surbolic acid Examples: Accidental drowning; as probably such, if impossible to determine definitely. State cause "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or terminal vulsious," causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitiul nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MILANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Chronic valueur heart disease; (Recommendations on state-Example: Meastes (disease -probably suicide. The na-Struck by railway

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institutlon, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF CEATH WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH I HEREBY_CERTIFY, That I attended the deceased from (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: RESERVED min.? 8 OCCUPATION (a) Trade, profession or barticular kind of work carefully TH In plai (b) General nature of industry business, or establishment in ..(Duration)yrs,mos_.... importa which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) be EA .(Duration) OO 10 NAME OF (Signed) shot E O 1923 (Address) ENTS OF FATHER *State the Disease Causing Death, OZ ATION Violent Causes, state (1) Means (State or country) of Injury Accidental, Suicidal or Homicidal. 12 MAIDEN NAME Œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA etate CCUP/ ients or Recent Residents) CCO 13 BIRTHPLACE At place of death In the OF MOTHER yrs. mos. ds. (State or country) 00 Where was disease contracted, if not at place of death? shoul 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE CIANS sho Former or BURIAL OR REMOVAL If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting W/S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the household only (not paid Housekeepers who receive a (a) Foreman, cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor. Architect, the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term or without more precise specification as Day (b) Automobile factory. The materia Locomotive engineer, 6) Grocery;

Strtement of Cause of Death—Name, first, the Dis-EALE CLUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Liphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." approved (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stited unless important. Example: Measles (disease American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiby Committee on Nomenclature cough; or intercurrent) Chronic and consequences (e.g., sopers valvular heart discase; affection etc. The contributory need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S	PHYSI- Exact
CORD	Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
VENT I	te statecte be prope
PERM.A	t it may
IS A	ACE o tha
VKTHIS	y supplied.
ADING IN	ATH in pla
TH UNF.	should b
LY, WI	formation tate CAUS
PLA	of in
WRITE PLACY, WITH UNFADING INK-THIS IS A PERMANENT I CORD	Every item of information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
	m - w

V. S. No. 1

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PLACE OF DEATH	01915 STATE OF MARYLAND
County Harford 8	CERTIFICATE OF DEATH
	Registration Dist. No. 182
Village or City (Level mile Md (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME	Billingslea number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH
6 DATE OF BIRTH	(Month) ZGw (Day) / 7.3 (Year)
7 1 2/10	192 . to
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE Prevolute If LESS than I day hrs. yrs. mios. ds. or min.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yts. mos. de
9 BIRTHPLACE (State or country) Churchille Md.	Contributory Secondary (Duration) 718. 1208. ds
10 NAME OF FATHER Raymond 5 wt. 11 BIRTHPLACE OF FATHER (State or country) batanardle Md	(Signed)
12 MAIDEN NAME of MOTHER Visian Pullingslea.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) & Wideen Md	At place In the of deathyrsmosds. Stateyrsds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Vinam Bellingslea (Address) Amelinelle MR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 19
Filed Mar. 4, 1981 V. E Chambers Registras	20 UNDERTAKER ADDRESS
If more banks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusines, that fact may be indicated thus; Farmer free tired 6 yrs. For persons who have no occupation Spinner, additional line is provided for the latter statement; i state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Houseer," etc., should be used only when needed. nature of the business or industry, and therefore an cases, Civil engineer, Stationary fireman, etc. But in many tle first line will be sufficient, e.g.. Farmer or Planter. tion applies to each and every person, irrespective of g ged in domestic service for wages, as Servant Cook ployed as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Paysician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. housemuid, etc. If the occupation has been changed to report household only (not paid Housekeepers who receive a abover, Foreman, especially in industrial employments, it is neces-For many occupations a or At Home, and children, not gainfully em-Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Day specifically the occupations of persons en-(b) Automobile factory. The material single word or term on -Coal mine, etc. Wom-As examples: (a) Grocery;

Streement of Cause of Dearth—Name, first, the pise.

EA. AND DEATH (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinfilheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Brönchopneumonia ("Pneumonia,")

In letanus) may be stated under the head of "contributory." "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head -- homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJU., Y interstitial nephritis, or intercurrent) Chronic Example: Measles (disease "Senile," etc.), "Dropsy," affection need not be valvular heart disease, etc. The ," "Convulsions, contributory

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Harford -	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 185
Village or City Have de France (No. Have de Bereta F. Brace	Kare Hosfela St: Ward) (If death occurred a hospital or institution, give its NAME stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOW OR DIVORCED (Write the word)	16 DATE OF DEATH February 17, 1931 February (Month) 7 (Day) 1931 (Year
march 2-, 1865	Jesumber 271930. to February 165, 192
(Month) (Day) (Year) 7 AGE [If LESS than I dayhrs.	
6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Hypertraphic Chulisis Cardial Cicompensation
business, or establishment in which employed or (employer)	Contributory Secondary
10 NAME OF FATHER Luceroin Atouless	(Signod) Pursion) yrs. mos.
State or country) Balence from 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Class Manuley -	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place In the
OF MOTHER (State or Country) East New Machet No. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos Od State yrs mos if not at place of death?
(Informant) Beuha Brown	Former or usual residence
(Address) Port Deposit -	Cohestray Cen. Cecil Co. Feb. 19, 19 20 UNDERTAKER DILL ADGRESS
Filed Jelf 17, 192 / Chan . Guy H. A. Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH should be used only when needed. As examples: (a) gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mine, eve. wounden at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the Dis-RASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same adopt ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus, Ulu Age, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	STATE OF MARYLAND
County All for the	CERTIFICATE OF DEATH Registration Dist. No. 183
Village or City Fally on (No. 2FULL NAME Villey P. 1	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, MARRIED Tidomed OR DIVORCED (Write the word)	16 DATE OF DEATH 706 23 , 1931
March 1850 (Month) (Day) (Year)	Tel 17 IBI to Feb 23 1931 that I last saw handlive on Feb 23 1933
7 AGE If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession or particular kind of work	Prostate Hypertrophy
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmos
9 BIRTHPLACE (State or country) Walk asolusa	Secondary (Duration), yes mos
TATHER & auch (auch of father of fat	(Signed) All 23 1921 (Address) That Kull *State the Disease Causing Death, or, in deaths from
Z (State or country) tack arolines 12 Maiden Name OF MOTHER	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trail
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) (State or Country)	ients or Recent Residents) At place of deathyrsmosds. Stateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Address) Fallston, Med.	aloug M. & Cen. Feb. 25, 19
15 Filed Heb 25 198/ME Richardson	20 UNDERTAKER GOODS BUSINESS DELLEVORS DELLEVO

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken ses, especially in industrial employments, it is necesfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the pissase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom (secondary or intercurrent) affection need (name origin; "Cancer" is less definite; avoid atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping "Transition." "Marasmus," "Old Age," "Shock," and qualify as accidental, suicidal of Homicidal, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was undertetanus) may be stated under the head of "contributory." American Medical Association.) approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., interstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJU.: Y cough; by Committee on Nomenclature of the Chronic Carcinoma, Sarcoma, etc., of valvular heart disease; etc. The contributory Always qualify all not

Aft this certificate is looked over thoroughly and n'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County That family	01918 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City Hiteford (No. 2FULL NAME Thomas Levile O	St.: Ward) (If death occurred I a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, Curfle OR DIVORCED (Write the word)	16 DATE OF DEATH . 714 2 / 2 , 19:3 / (Month) (Day) (Year)
6 DATE OF BIRTH Let 20, 1931 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I atrended the deceased from 192 bow 192 that I last saw h 1 alive on 11 4 2 / 2 1931
7 AGE If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds
9 BIRTHPLACE (State or country) Harland Cs. Md 1D NAME OF FATHER Purs L Charte 11 BIRTHPLACE OF FATHER M JOWA	Secondary (Duration) (Signed) (Signed) (Address) (Address) (Address)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF FATHER (State or country) A COUNTRY Bucker	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death
(Informant) M. O. Mall	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Whitefred Max	State Vidge Conty 71822, 193/

(Approved by U. S. Census and American Public Health Association.)

Spinner, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed: As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomolive engineer whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement " etc., without more precise specification as Day report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, (b) Cotton mill; (a) Salesman. For persons who have no occupation (b) Automobile factory. The materia Laborer-Coal mine, etc. Womsingle word or term on 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospin fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,

"PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o. unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanua) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as Chronic Example: Measles (disease :hopneumonia (secondary), affection need not be etc. The contributory valvular heart disease; Nomenclature of the Measles;

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1 PLACE OF DEATH	STATE OF MARYLAND
7/2.1	CERTIFICATE OF DEATH
	(41-0)
ales los.	Registration Dist. No.
Village or City (No	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Marrid OR DIVORED. (Write the word)	16 DATE OF DEATH Jack. 18, 1981
	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
//	July 13 1931 to 2 2 br 18 , 193
(Month) (Day) (Year)	that I last saw h Malive on Doll 18 , 193
7 AGE [If LESS than	and that death occurred on the date stated above, at
53 / 1 day hrs.	The CAUSE OF DEATH * was as follows:

(a) Trade, profession or Will	saple and the
(b) General nature of industry	
	(Duration) yrs. It mosde
9 BIRTHPLACE (State or country) Werdoon Md.	Contributory Secondary
I 10 NAME OF 4.4	(Durstion) yrs mos de
FATHER William D. Jaker	(Signed) M. D
M 11 BIRTHPLACE	7107) 919D. (Address)
Z (State or country) Werdeen, Ma,	*State the Discase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary C, Hollis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or Country) aberdeen, Ma.	of deathyrsmosds, Stateyrsmosdwyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
as Do The there Crowners	Former or usual residence
(intermant) of J. Williams	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Wherkeen Mid	Baker Cemeters. Feb, 20, 1921
15 my that to wall Oto Mechan	20 UNDERTAKER ADDRESS
Filed 1921 Registrar	Menry Janing Sons Weberdeln Me
	Village or City Aberdeen (No. 2FULL NAME JESSIE B. Cronic PERSONAL AND STATISTICAL PARTICULARS 3 SEX

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, to report Foreman, (b) Automobile factory. The material For many occupations a single word or term on specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory

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BINDI MARGIN RESERVED FOR BINDI LY, WITH UNFADING INK-THIS IS A WRITE PL

V. S. No. 1

10	PLACE OF DEATH County / arford WITHIN CORPORA	TELIMITE 1920 STATE OF MARYLAND
	County / Acford WITHIN COB.	
		Registration Dist. No. /85
Vill	lage or City Travel almograce	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME anice Culle	tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MOULES OR DIVORCED (Write the word)	16 DATE OF DEATH Feb // , 193/ (Month) (Day) (Year)
6 D	November 7, 1968 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1929 to 1929, that I last saw h w alive on 1923,
7 A		
	6 2 yrs. 3 mos. # ds. or min.	
(a	OCCUPATION a) Trade, profession or	Desim of the I feart
16	articular kind of work / +0 (1) (5) General nature of industry	La La V Methode
bı	usiness, or establishment in thich employed or (employer)	(Duration) wrs. mos. ds.
_	SIRTHPLACE (State or country)	Secondary Constitution Tarte on Secondary
	Macycano	(Duration) yes mos, 3 ds.
	1D NAME OF plue It maffet	(Signed) M. D. M.
ENTS	OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Farriett a. Willen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) MANUAL (State or Country)	At place of death yrs mos ds. State yrs ds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	as Interest Reller	Former or usual residence
)	(Address) 553 Bourbou St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mt 1931
15	Filed Feb. 12 1931 Charles J. Foly 185	20 UNBERTAKER. ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
	If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from er," etc., Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. laborer, Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material not gainfully em-(6) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Choup") ed term for the same disease. Examples: Cerebrosp to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the pre-EASE CAUSING DEATH (the primary affection withrespect Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic erebropneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, menapproved by earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Exhaustion, Whooping American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. can be ascertained as the cause. Always qualify all Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Chronic etc. valvular heart Nomenclature The Sarcoma, etc., of contributory not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed If this certificate is looked over thoroughly and all questions

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PERSONAL AND STATISTICAL PARTICULARS 3 SEX	ki.	PLACE OF DEATH	01921 STATE OF I	
Village or City Advised de ANDEL LAGRAND St.: Ward) 2FULL NAME DELLA DELLA DELLA SITUATION DELLA SERVICE STRUCK DELLA STR	•	County Augusta	CERTIFICATE	
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. MIDDRESS 6 DATE OF BIRTH TO DATE OF BIRTH TO DATE OF BIRTH TO DATE OF DEATH 16 DATE OF DEATH 17 JI HEREBY CERTIFY. That I attended the dead of the control of the cont		WITHIN CORF	Registration 1	Dist. No. 182
SEX 4 COLOR OR RACE SINGLE MINIONED (Month) (Day) BOATE OF BIRTH TAGE If LESS than I day hrs. 1924 to 1	Vil	1 . 00 00		tion, give its NAME i
MARRIED WIDOWED CEP WILL WITH COMMENT OF BIRTH TO AGE If LESS than 1 day	=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	OF DEATH
TAGE IFLESS than and the destroy of the destroy	3 5	MARRIED, WIDOWED	400 21	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry tusiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed March 2 192 Language Address 16 March 2 192 Language Address 17 DATE OF BURIAL OR REMOVAL DATE OF DATE OF DATE OF BURIAL OR REMOVAL DATE OF March ADDRESS The CAUSE OF DEATH was as follows: DATE OF MOTHER (Signes) State or Country To March ADDRESS The CAUSE OF DEATH was as follows: DATE OF DEATH was as follows: DATE OF DEATH was as follows: Signes D. Address D.	6 [DATE OF BIRTH June 6, 1894	17 LI HEREBY CERTIFY, That I att	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry tusiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE (Address) 15 Filed March 2 19\$ Charles John March 15 Filed March 2 19\$ Charles John March 20 UNDERTAKER ADDRESS 15 Filed March 2 19\$ Charles John March 20 UNDERTAKER ADDRESS	7 A	I day_hrs.	The CAUSE OF DEATH was as follows:	
FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed March 2 1921 Charles Johns	You was	b) General nature of industry usiness, or establishment in thich employed or (employer)	Contributory Secondary	yre mos d
OF MOTHER Charlet Me Cross 18 LENGTH OF RESIDENCE (For Hospitais, Institution in the State or Recent Residents) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Language Contracted, if not at place of dea.h? (Address) PLACE OF BURIAL OR REMOVAL 15 Filed March 2 1921 Charles I John M. 2 Centery March Contracted M	RENTS	11 BIRTHPLACE OF FATHER (State or country) Manyland	(Signes)	jury and (2) Whether
(Informant) Schred I Dallara if not at place of death? I Date of death? I	PAI	13 BIRTHPLACE OF MOTHER	ienta or Recent Residents) At place of death	
Filed Barch 2 1921 & Farles Solly 110 11	14	(Informant) Sidney J. Dallan	Former or usual residence	DATE OF BURIAL March 2, 1931
	15		Henry Tarring Sams	aberdan &
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.		If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V.	S. No. 1.

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fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, reer, Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "Exhaustion," "Heart failure, "Shock," "Shock," "Tranition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need not be Committee on Nomenclature Chronic valvular heart disease; ," "Coma," "Convulsions, The nature of the injury, etc. The contributory

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PLACE OF DEATH						OF MARYLAND
County Harford				CERTIFICATE OF DEATH		
			(10	77-a	Registration Dist. No. 183	
Village or City Jarrettsville (No			St: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street annumber.)			
	and the second s	•		1		ATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3 SEX					ATE OF DEATH	
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Dec. 1 847 (Month) (Day) (Year)				17 192 31 to.	I lattended the deceased from Telruary 19, 19, 3	
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(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farner (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servan, Cook to report specifically the occupations of persons enployed. us At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first the DIS.

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

as fracture of skull, and consequences (e.g., sepais, telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease Always qualify all "Exhaustion," "Heart, Innue, Old Age," "Shock," "Inantition," "Marasmus," "Old Age," "Shock," approved by Committee on Nomenclature Recommendations on statement of cause of carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railreay trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital,", "Semile," etc.), "Dropsy, "Exhaustion," "Heart, failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, peritonaeum, etc., interstitial nephritis, Chronic valoular heart Carcinoma, Sarcoma, etc., of ," "Coma," "Convulsions, The nature of the injury, etc. The contributory not be disease

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BUREAU

8 No. 1

PHYSI-

PLACE OF DEATH	STATE OF MARYLAND
County Horland	CERTIFICATE OF DEATH
	95-C Registration Dist. No. 8
Village or City Pylsrille (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME is
2FULL NAME Dicolos	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7 , 1932 /
6 DATE OF BIRTH /5 , 1856	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw hand alive on OV 17 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7 AGE [IfLESS than I day hrs.	and that death occurred on the date stated above, at
yrsds. ormin.?	Organie Heart deane
B OCCUPATION (a) Trade, profession or Refund Tonney	
(b) General nature of industry	/
business, or establishment in which employed or (employer)	(Durstion)yrsmosds.
9 BIRTHPLACE (State or country) Roy As Mall	Contributory Secondary (Duration) yrsds.
10 NAME OF FATHER PROPERTY FINESTY	(Signed) Of all (Address) A hay to and
OF FATHER (State or country)	*State the liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother instania Rossition	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yes mos. ds. State yrs ds.
(State or Country)	When you disease contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Mrs 1 7 Hispit	usual res.dence
(Address) Palarice My.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Story Control of State of Sta
15 Filed Jel- 19- 19231 Jo. J. S. Mc nall	20 UNDERTAKER ADDRESS
If more b.anks are needed, addre.s Ltate Negistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more process and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); unqualified, is indefiuite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of atic), "Atrophy," "Collapse," "Coma, causing death), 29 ds.; Bronchopncumonia (secondary), st_ted unless important. Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as by Committee on Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature of the The contributory " "Convulsions, Measles ;

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital cr institu-tion, give its NAME instend of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED DR DIVOR Write the word) That I attended the deceased 6 DATE OF BIRTH that that I last saw hen (Day) (Year) and that death occured on the dats stated above, at IIf LESS than 7 AGE THIS I day hrs. The CAUSE OF DEATH * was as follows: ED D RESERV (a) Trade, profession or INK particular kind of work plai (b) General nature of industry importan business, or establishment in UNFADING which employed or (employer) Contributory I MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) 11 BIRTHPLACE RENTS *State the Disrase Causing Death, or, in deaths from te CAUSE OF FATHER Violent Caus s, state (1) Means of Injury Accidental, Suicidal or Homicidal. and (2) whether (State or country) ME LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) CCUI 13 BIRTHPLACE In the At place of death. OF MOTHER ...yrs......ds. (State or country) Where was disease contracted, Ö if not at place of death?... Former or usual residence. Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requisiting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," et ., wie leborer, gaged in domestic service for wages, as Servand, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples : a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enengineer, Stationary fareman, etc. But in many or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day arm laborar, Laborar—Coal mine, etc Wom-Compositor, who are engaged in the duties of the For persons who have no occupation Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the pissease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

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Statement of Cause of Death—Name, first, the pise EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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Spinner, additional line is provided for the latter statement; it should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day nature of the business or industry, and therefore an Civil engineer, Physician, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enuner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaemia" (merely symptomtetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, taken. For VIOLENT DEATHS state MEANS OF INJUNY approved by Committee on Nomenclature of the as fracture of skull, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease affection need not be etc. The contributory Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /82 cate. Village or City 7 (If death occurred in Ward) a hospital or institution, give its NAME isnumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 16 DATE OF DEATH MARRIED may be n back WIDOWED OR DIVORCED Write the word 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased (Day) 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: peiiddus RESERVED OCCUPATION (a) Trade, profession or particular kind of work piai (b) General nature of industry business, or establishment in (Duration) which employed or (employer) MARGIN Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) OO 10 NAME OF shot E OF 11 BIRTHPLACE OF FATHER RENT *State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether SO TIO (State or country) Accidental, Suicidal or Homicidal, 12 MAIDEN NAME PA OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) CCU 13 BIRTHPLACE In the At place OF MOTHER of deathyrs.......mos......ds (State or country) ō 0 Where was disease contracted, shoul if not at place of dea.h?.... of Former or statement usual residence. If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Luborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, etc., For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed 6 Grocery,

Strtement of Cause of Death—Name, first, the hisEAST CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Liphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobor pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suscide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicoemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrnage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of as fracture of skull, Examples: Accidental drowning; Struck by railway traindiseases resalting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-," "Weakness," etc., when a definite disease ongenital," "Swaile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic valvular heart disease; and consequences (e.g., sepsis Example: Measles (disease etc. The contributory Nomenclature of the not be

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5

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Village or City (If death occurred in St.: Ward) a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 2 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED/ WIDOWED. OR DIVORCED (Write the word) (Month) (Day) (Year) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Month) that I last saw h . alive on The (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at _// JOK, m. I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work a (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed). FATHER 00 192. (Address) 11 BIRTHPLACE ENT OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal, 12 MAIDEN NAME. œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-0 OF MOTHER o r ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER 0 of death yrs mos ds. (State or Country) T Where was disease contracted, if not at place of dea.h?..... 14 THE ABOVE IS TRUE TO THE BEST Former or usual residence. DATE OF BURIAL CIANS (Address) 20 UNDERTAKER If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

7. S. No. 1

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

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8

V. S. No. 1

		1PLACE OF DEATH County Serford	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 8 /		
lficate.	Vil	18age or City Wherdeen (No	St.: Ward) St.: Ward) I death occurred in a hospital or institution, give its NAME II stead of street and number.)		
cert		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
back of	3:	Male White Single, married Widowed, Modern (Write the word)	16 DATE OF DEATH 2007 - 16 , 1928/ (Month) (Day) (Year)		
ions on	6 1	Lecember 19, 1867 (Month) (Day) (Year)	that I last saw h Malive on 1934.		
instruct		If LESS than I day hrs. 2 mos. 3 ds. or min.?	and that death occurred on the date stated above, at // m, The CAUSE OF DEATH * was as follows:		
ant. See	000	a) Trade, profession or a satisfied by General nature of industry pusiness, or establishment in which employed or (employer)	(Duration) yrs. mosds.		
impor	1 -	(State or country) lotanksburg. Md.	Contributory Secondary (Duration) Tree		
very		10 NAME OF FATHER Seo. W. Kilton	(Signed) (Address) Perminer M. D.		
ON IS	ENTS	of father (State or country) Manyland.	*State the Discase Causing Death, it in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
PATI	PAR	OF MOTHER Grances Sort.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
Occu		13 BIRTHPLACE OF MOTHER (State or Country) Howard Co. Ind.	At place In the of death		
tement of	14	(Informant) Limit of Street and (Address) Elston Maryland:	Where was disease contracted, if not at place of dea.h? Former or usual residence IP PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL July 18		
state	15	Filed Mrt 18 1921 Of Mechael Registrar	20 UNDERTAKER DOUS ADDRESS ADDRESS ABERDEU ME		
		If more hanks are needed, addre, a State Registrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Spinner, er," etc., without more precise specification as Lay laborer, Form laborer, Laborer—Cool mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of nner, (b) Cotton mill; (a) Salesmon, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a specifically the occupations of persons en-Stationary fireman, etc. But in many single word or term on Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")



stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Tranition," "Heart Induce, Transmis," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease Tuberculosis of lungs, men-" "Coma," "Convulsions, etc. The contributory

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BIND

MARGIN RESERVED FOR

V. S. No. 1

A	PLACE OF DEATH	01930 STATE OF MARYLAND
	County Darford	CERTIFICATE OF DEATH Registration Dist. No. 181
	Village or City Penymans.	St: Ward) (If death occurred in a hospital or institution, giva its NAME in-
	2FULL NAME Samuel Je A	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0 400	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 6 , 192 (Month) (Day) (Year)
	6 DATE OF BIRTH May 17, 1898	17 I HEREBY CERTIFY, That I attended the deceased from 1980, to The 1981,
	7 AGE (Month) (Day) (Year) 7 AGE [If LESS than I day hrs. or min.?]	and that death occurred on the data stated abova, at 1.30 4 m. The CAUSEOF DEATH * was as follows:
7	(a) Trade, profession or Day Lahren	
X	business, or establishment in	(Duration) yrs. 2 mos. de.
	which employed or (employer) 9 BIRTHPLACE (State or country) Maruland	Contributory Palmonay Submonlace?
	10 NAME OF James L. Hooks	(Signed) Vis mos de.
	State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Martha Stansbury 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	OF MOTHER (State or Country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
	200 21 - 11	Former or usual residence
	(Informant) Mr. N. D. MIPPED (Address) Nuruman Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL High 19
	15 Filed Heb. 19 1981 Ol Muharl	20 UN DERTAKER ADDRESS
	If more banks are needed, addres State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken business, that fact may be indicated thus; Farmer (re-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery: eman, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart lanure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Whooping approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, as fracture of skull, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: *Measles* (disease and consequences (e. g., sepsis, Measles; death

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No.

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1PLACE OF DEATH	01931 STATE OF MARYLAND
County Harfael	CERTIFICATE OF DEATH
	Registration Dist. No. 181
Village or City aberden (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Lydia K. Hoa	bs tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)—(Day) (Year)
G DATE OF BIRTH Ref. 8, 1931 (Month) (Day) (Year)	that I last saw had alive on Boun Dead, 192
7 AGE Still Born - 7 71106.) If LESS than I day O hrs. O yrs. O mos. O ds. or O min.	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country) Cleeders	Contributory Secondary (Duration)
10 NAME OF JAN. L. Hoops	(Sind) 1931 (Address Cleriter Ver)
OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Ina F Doak	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mus Thuck. Hoofs. (Address) Elevelus Her	19 PLACE OF BURIAL OR REMOVAL Crubery Circles Hurial 19 7/
15 Filed Pol 10 1921 Of Muchou	Henry James House aborden Me
If more banks are needed, address State Registra	r, 16 W. Santoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken guged in domestic service for wages, as Servant, Cook, additional line is provided for the latter statement: it sary to know fulness of various pursuits can be known. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons entaborer Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) should be used only when needed. As examples: a) nature of the business or industry, and therefore an cases, especially in inclustrial employments, it is neces-Civil engineer. Stationary froman, et. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Firmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation- Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housenor, (b) Cotton mill; (a) Salesman. (b) Greery; Foreman, (b) Automobile factory. The material or At For many occupations a single word or term on yrs). without more precise specification as Day Home, and children, For persons who have no occupation (a) the kind of work and also (b) the Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the pissease Causing Death (the primary affection with respect to time and causation), using always the same accepted ed term for the same diselse. Financies: Carebray half fever (the only definite synonym is "Tpidemic cerellospinal menin, itis"); Diphtheria avoid use of "Chount Typhoid fever (never report "Typhoid Pneumonia": Lobar pneumonia. Bronchopneumonia ("Pneumonia.":

as fracture of skull, and consequences (e.g., selwis, telanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcastes; approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJUNY (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic statement of cause of Example: Measles (disease valvular heart etc. The contributory disease;

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PLACE OF DEATH	STATE OF MARYLAND
County The ford WITHIN CORP	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City House (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
FOLL NAME	f. W. Charles
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIEO, WIDOWSE, OR DIVORSED (Write the word)	16 DATE OF DEATH 7 1923 (Month) (Day) (Year)
6 DATE OF BIRTH 7, 193 (Month) (Day) (Yes	
7 AGE (Month) (Day) (Yes	hrs. The CAUSE OF DEATH * was as follows:
o OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrs,rnosds,
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) mos. de.
FATHER Paul Franklin Hutton	(Signed) A & Clithur M. D.
11 BIRTHPLACE OF FATHER (State or country) York Cu Pa	*State the l'is ase Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Lylina Namilton.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Wards Car Par	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Paul 7. Hutton	Former or usus residence
(Address) Navu-de-Grace Ma	L Sledulle Gen Dole Ca Feb. 26, 19 31
15 Filed Feb. 19 19 Charles J. Foley D. Ocesistra	Della Pa
If more blanks are needed, address tate Kegi	strar 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planler, household only (not paid Housekeepers who receive a to report specifically the occupations of persons enetc., For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronehopncumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

· PLACE OF DEATH	STATE OF MARYLAND
County Harland	93-0 CERTIFICATE OF DEATH
	Registration Dist. No. / 8
will a Servel	
Village or City (No	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Ante Single, Married Widowed. Male White (Write the word)	16 DATE OF DEATH Flb 2 6 , 19\$/
august 82 4 1848	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Yesr)	that I last saw hast alive on fill 75, 1921,
7 AGE If LESS than	and that death occurred on the date stated above, atm.
82 yrs. 6 mos. 22 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Infocaractus (Chronie)
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yis
10 NAME OF David Johnson	(Signed) F. F. Sundy as M. D. 2-24 1927/ (Address) Darlington M.D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Catherine anderson	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant Miss Dona Johnson	Former or ususi residence
(Address) alurdan, md	Bock Run Cem, March 1, 1931
15 Filed Feb. 27 1931 Berlev B. Knight Registrar	H, S, Bailey Darlington
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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V. S. No.

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(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emfulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, or given up on account of the DISEASE CAUSING DEATH, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases "Uraemia, " "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic valvular heart disease; nephrilis, etc. The contributory and consequences (e. g., sepsis, Example: Measles (disease Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulliess of various pursuits can be known. cupation is very important, so that the relative health tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Ilousewife, Ilouseen at home, er," etc., without more process of mine, etc. Wom-Spinner, (b) Collon mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every Statement of Occupation Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Househeepers who receive a Never return "Laborer," "Foreman," "Lanager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (neor At Home, and children, For many occupations a sin le word or term on who are engaged in the duties of the person, irrespective of not gainfully em-The ques-

Stitement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal mening it in Diphtheria (avoid use of "Croup"). Typhoid Incumonia, Bronchopneumonia ("Pneumonia").

"Inanition," "Marusmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anacmia" (merely symptomcausing stated unless important. Example: Measles (disease corbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," (secondary use of "Tumor" for malignant neoplasms); inges. peritonacum, etc., unqualified, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, discases resulting from childbirth or miscarriage as Whooping cough; (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway troin-American Medical Association.) approved by (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, " "Marasmus, or intercurrent) affection need not be is indefinite); Tuberculosis of lungs, men-Committee on Chronic Corcinoma, etc. valvular heart discase; Nomenclature ," etc.), "Dropsy, The contributory Sorcoma,, etc., of Measles;

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(bu	YEX.	County	Har

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STATE OF MARYLAND CERTIFICATE OF DEATH

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12.	48	9	1	
6	_	1	6	
-	-			

Registration Dist. No. 180

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	y Edgewood, Md.		Lipford	210 m		Ward)	(If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.)
PERSO	NAL AND STATIST	ICAL PARTICE	JLARS	ME	DICAL CERTI	FICATE C	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Single				Febru	February 22 ary (M	onth) 22	, 192
6 DATE OF BI] (Day)	, 1904 (Year)	February	21, 19231.	to Febru	nded the deceased from uary 22, , 19231 y 22, , 19231
7 AGE	26 yrs. 8	mos. 21 de	If LESS than I day hrs. or min.?	The CAUSE OF	DEATH * was as	follows:	ure, petrous
business, or which emplo BIRTHPLAC! (State or company) 10 NAME FATHER	Virginia OF D. L. Lip	U. S. A		Contributory Secondary (Signed) GEORG	H. DONNEL	uish)	
OF FATI Z (State of M 12 MAIDER V OF MOT	or country) Unknow						or, in deaths frem ury and (2) Whether als, Institutions, Trans-
OF MOT (State o	13 BIRTHPLACE OF MOTHER (State or Country) Unknown			At place of death yrs	ds.	In the State	yrsnosds.
(Informan	lress) Fort	Army Recor	ds	if not at place of Former or usual residence 19 PLACE OF BU	JRIAL OR REMOV	/AL	
Filed 24 Keley 981 Fredelborlok						one Co	Alm solen

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully emer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupationbusiness, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Automobile factory. The material For persons who have no occupation -Precise statement of oc-Locomotive engineer, 6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart Nomenclature Measles; disease;

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(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quoswork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day Cotton mill; (a) Salesman. For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopacumonia ("Pneumonia");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, etc. The contributory carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Whooping cough; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions," .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart Always qualify all disease;

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PLACE OF DEATH	CERTIFICATE OF DEATH
County Harford	Registration Dist. No. 184
Village or City Darling las (No	St.: Ward) (If death occurred a hospital cr institution, give its NAME stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED. WILDOWEO. OR DIVORCEO (Write the word)	16 DATE OF OEATH
6 DATE OF BIRTH Fel. 16, 195 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased fr
7 AGE If LESS that day hr or min	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) general state or country)	Contributory Secondary Duration yrs
10 NAME OF BEST & Males 11 BIRTHPLACE OF FATHER 12 O	(Signed) Modern M 2 - 12 192 / (Address) Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether
(State or country) 12 MAIDEN NAME OLU PLUVES 13 BIRTHPLACE	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translation of Recent Residents) At place In the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos where was disease contracted, if not at place of death? Former or usual residence
(Address) Darlenglan	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL OATE OF BURIAL
Filed Feb. 12 19231 M. O. Ruk Registrar	- It S. Bailey Lailing to
If more blanks are needed, address State Registr	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Civil engineer, Stellionary preman, etc. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Doy (b) Automobile factory. The material For persons who have no occupation Locomotive engineer, As evamples: (a) But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphul fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Browells yncumonia ("Pneumonia");

> approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "JIaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uruemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Careinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menlctanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be Whooping cough; American Medical Association.) or as probably such, if impossible to determine definitely can be ascertained as the cause. (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory valvular heart discose; Always qualify all Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	01938 STATE OF MARYLAND
County Hayford	CERTIFICATE OF DEATH Registration Dist. No. 182
Village or City Hear Belain (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, bridge WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Feb. 7-1931 (Month) (Day) (Year)
G DATE OF BIRTH Jefry 28, 1850 (Month) (Day) (Year)	that I last saw h Molive on Feb. 774, 1931
7 AGE SO yrs. // mos. 2/ ds. or min.	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER John J. Magness	(Signed) A T See State M. D. Tell. 9 1931 (Address) I 3 el Ce A March
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Williams	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds, Stateyrsmosds Where was disease contracted,
(Informant) Mrs Butha M. Murray (Address) Jallston	if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Long 10 . 193!
Filed Foli, 9 1901 V. E. Chambers Registrar If more banks are needed, address tate Registrar	Deany Forty Belan Md ar, 16 W. Saratoga St., Balton, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more previous approaches, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

5

BU permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

22 telanus) may be stated under the head of "contributory." · (Recommendations on statement of cause of approved by Committee on Nomenclature inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," (secondary or intercurrent) affection need not be etited unless important. Example: Measles (disease American Medical Association.) as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all causing use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, It this certificate is looked over thoroughly and all questions "Atrophy," "Collapse, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; Chronic and consequences (e.g., sepsis, " "Coma," "Convulsions, etc. The contributory valvular heart disease; Measles;

STATE OF MARYLAND—CERTIFICATE OF DEATH 01939 of infor OCCUPA 1. PLACE OF DE Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where death occurred. ds. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of That I attended (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Days Months If LESS than to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows Oate of enset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jo should may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (yeers) this occupation (month and that occupation instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) be carefully What test confirmed diagnosis? MOTHER important. 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury OF DEATH (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. should Manner of injury CAUSE mation LION Nature of Injury 24. Was disease or Injury If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of de of importance were as follows:	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	RIAH AD 19921	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURBAU V.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:	· ·	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			100		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. CORD WITH UNFADING INK-THIS IS A PERMANENT FOR BIND MARGIN RESERVED WRITE PL V. S. No. 1 N. B.--

PLACE OF DEATH County Composate LIN	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 185
Village or City Hane de Grave (No	St.: Ward) Osborne (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black Single. Married. Married. Male Black OR DIVORCED (Write the word)	(Month) (Day) (Year) (Month) 1920, to Tell 2 2 1927
(Month) (Day) (Year)	that I last saw h wattro on 1 2 2, 1923/,
7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or Rabon particular kind of work	Clarened Infeliation.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yts mos ds. Contributory Gallier G
10 NAME OF Pilliam H. Osbone	(Signed) Charles J Folia M. D. ful 24/1921 (Address) Language as The Comments of the Comments
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Informant) Ha C. C. Comments (Address) Have de grave	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Feb: 25, 1931
Filed Let. 23 1931 Clarles of Folly D. D. Registrar	20 UNDERTAKER ADDRESS Duringly Don Haned have
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Solesmon. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on or At Ilome, and children, not gainfully emyrs). Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The materia (a) the kind of work and also (b) the (b) engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospitual fever (the only definite synonym is "Epidemic cerebrospitual meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condi-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railwoy troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (sccondary), (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Chronic interstitiol nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Nomenclature disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	01941 STATE OF MARYLAND
County Harland	CERTIFICATE OF DEATH
	Registration Dist. No. 182
Village or City Formalian Syxon	St.: Ward) (If death occurred a hospital or instance tion, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Jehr 2 , 1931 (Month) (Day) (Year)
6 DATE OF BIRTH Office H4, 1872 (fonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased fr 1921 to 192 that I last saw h was alive on JEG 192
7 AGE If LESS that day hrs day hrs day min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	
which employed or (employer)	Contributory Terminal Poronesso Pulsanos Secondary (Duration)
10 NAME OF Lee Pilkins	(Signed) 1921 (Address) Deller US
OF FATHER Z (State or country) W 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 7, C	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents) At place of deathyrsmosds, Stateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Green Franklin Pelkins (Address) Franklin Green	Former or usual residence. 19 PLACE OF BURIAL BREEFIND BO Ve DATE OF BURIAL Breafing Roads Jely 19 J
Filed Feb. 2, 1931 U.E. Chambers	20 UNDERTAKER ADDITIONS ADDITIONS

(Approved by U. S. Census and American Public Health Association.)

Spinner, er," etc., without more precion are laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, specifically the occupations of persons en-For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart round," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid as fracture of skull, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory

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	PLACE OF DEATH County Harford WITHIN CORPORATE	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 185
Vil	2FULL NAME Plifford W. Fr	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3:	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MINORED, OR DIVORCED (Write the word)	16 DATE OF DEATH ————————————————————————————————————
6 1	(Month) (Day) (Year)	that I last saw h Amalive on Text 37 1921.
	alt, 46 yrs. mos. ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
1	a) Trade, profession or Laboraticular kind of work b) General nature of industry	acción de la companya del companya del companya de la companya de
11.	ousiness, or establishment in which employed or (employer)	Contributory Contr
10	10 NAME OF FATHER JAMES Frice	(Signed) 7 m, Steiner B. M. D. 724 5 1981 (Address) Harn & 2 40
PARENTS	OF FATHER (State or country) Many Care (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
PA	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Welsenburg	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14	(Informant) M.S.P.W. True	Former or usual residence.
_	(Address) House de Grace Ma	Augel Hill Date of Burial Augel Hill Tels 6, 19 3
15	Filed Tev. 6 1997 Cheels J. Registrar	Leverington How Helsrace
	If more branks are needed, address State Registrat	r, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken (a) Foreman, Spinner, (b) Cotton mill; :(a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an tired 6 business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed ," etc., report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," ("Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railed y train-State cause for which surgical operation was under-.. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. valvular heart disease; Always qualify all The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

vi

Exact

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 184
St.: Ward) (If death occurred in a hospital or institu
tion, give its NAME is stead of street and
number.)
DICAL CERTIFICATE OF DEATH
TH + 1 31
oleowary 4, 123/
(Month) (Day) (Year)
EBY CERTIFY, That I attended the deceased from
1920. to Tr. 4 , 190/.
ex alive on Jehn 4, 1937,
coursed on the date stated above, at 4 Pm.
EATH * was as follows:
and Selevision and
his - nelstanilita
ytsds.
Opation L. L. mos. ds.
Malla Maria
3 de la companya del la companya de
92) [(Address)
Disease Causing Death, or, in deaths from state (1) Means of injury and (1) Whether
dal or Homicidal.
RESIDENCE (For Hospitals, Institutions, Trans- Residents)
ds. Stateyrsmosds,
contracted, death?
RIAL OR REMOVAL DATE OF BURIAL
LALL OF REMOVAL
receivery fur 1 1931
Day VADDRESS
1 10000000
- 10 mo way

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of age. For many occupations a single word or term on fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farnier or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6) Grocery,

s; inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DISfever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease; Example: Measles (disease chopneumonia (secondary), Always qualify all Measles ,

answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate If this certificate is looked over thoroughly and a'l questions

permanently filed.

W S	ed. Exact		11	of DEATH			01944	CERTIFICATE	
CORD	y cle	Vil	lage or City	Schuchs'E	lu Ro.	re S	mth	St.: Ward)	(If death account in
LZ	proper of certif		PERSON	IAL AND STATIST	ICAL PARTICUL	ARS	MEDIC	CAL CERTIFICATE O	OF DEATH
ANE	be x	3 5	emal	4 COLOB OR RACE	MARRIED, WIDOWED. OR DIVORCED (Write the word)	-e	16 DATE OF DEATH	Fely	8 , 19 3/
A PERMA	t : t	6 0	ATE OF BIR	TH Sels	4 8	, 1924 (Year)	that I last saw han	Y CERTIFY, That I att.	(Day) (Year) (Year) onded the decensed from 197
HIS IS A	s so t	7 A	GE	6 yrs. 5		If LESS than I dayhrs. ormin.?		rred on the date stated	abeve, at 6 A.m.
RESE NG INF	TH in plain the properties of) (I) (I) (I) (I	usiness, or es	d of work	Va		Contributory Secondary	Convuls Culsur Un	Louise Louise Louise mos ds.
MARC WITH UNF	ON is very	ENTS	10 NAME OF FATHER 11 BIRTHPL OF FATH (State or	ACE COUNTRY)	B. Smith		(Signed)	(Duration) (Address) (Address) (Disease Causing Death, tate (1) Means of Injury or Homicidal,	or, in deaths from ury and (2) Whether
LACLY	200	PAR	OF MOTH 13 BIRTHPL OF MOTH (State or	ACE Tay	Dancy . Co.		18 LENGTH OF RE ients or Recent Re At place of death	SIDENCE (For Hospitesidents) In the State tracted	als, Institutions, Trans-
WRITE P	CIANS should	14	(Informant)		B Smill	OGE	if not at place of dea Former or usual residence	OR REMOVAL	DATE OF BURIAL
V.S. No. 1	CIA	15	Filed Feb	9, 1981, V.	Tugues	Registrar	20 UNDERTAKER Dean 7 9 7, 16 W. Saratoga St.,	Balto., Requesting V. S	ADDRESS ANDRESS ANDRESS ANDRESS

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.. For persons who have no occupationstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Cotton should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write Nonc. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—coat mine, etc. wouner," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the mill; (a) Salesman, (b) Grocery,

Stritement of Cause of Death—Name, first, the pisser EARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted the editerm for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Ipphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-honnicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atie), tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic valvular heart disease; etc. The contributory etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME in -stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, Married 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX pe pe OR DIVORCED (Write the word) may That I attended the deceased 6 DATE OF BIRTH (Day) and that death occurred on the date stated above, at IIf LESS than 7 AGE The CAUSE OF DEATH I day hrs.min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry importage business, or establishment in which employed or (employer) MARGIN 9 BIRTHPLACE (State or country) d 10 NAME OF 00 (Address) 11 BIRTHPLACE Causing Death, er, in deaths *State the l'iscase OF FATHER Violent Causes, state (1) Means of Injury and (2) Whether PARENT 0) 2 (State or country) OIL Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-O ients or Recent Residents) State 13 BIRTHPLACE In the At place OF MOTHER of death. (State or country) Where was disesse contracted, 00 if not at place of dea.h? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE shoul Every Item CIANS sho statement usual residence. (Informant) DATE OF BURIAL (Address) If more branks are needed, addre a State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus; Farmer (re gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Houselaborer, Parm laborer. Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Physician. Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocetc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (6) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EALE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS to time and causation), using always the same accept pneumonia, Bronchopucumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." American Medical Association.) approved by accident; Revolver wound of head-homicide; Poisoned by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably smoode. The nature of the injury. or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Examples: Accidental drowning; Struck by roilway train. and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Uid Age, Snock, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Sewile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Come," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmcumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Whooping cough; Chronic valuular heart disease; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condiinterstitial nephritis, Committee on Nomenclature etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-.....Ward) tion, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH (Month) (Yea I HEREBY CERTIFY. That I attended the deceased and that death occurred on the date stated above, at 192/ (Address) There *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseployed, as At school, or At home. Care should be taken work, fulness of various pursuits can be known. The questo report specifically the occupations of persons enlaborer, Farm laborer, Laborer - vous more, over the en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealr," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,").

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. atic), "Atrophy," "Collapse," "Coma, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY ChronicExample: Measles (disease etc. valvular heart disease; The contributory " "Convulsions,

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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
1	Registration Dist. No.
Village or City Have as gave (No. Have de 2 Tips	St.: Ward) (If death occurred a hospital or institution, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Tele /3 , 1931 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
November _ 30 , 1889	- 1923 to fel 3 , 1924
(Month) (Day) (Year)	that I last saw h alive on 192
7 AGE If LESS than I day. hrs. yrs. Z. mos. 14 ds. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or R	& show
(b) General nature of industry	
business, or establishment in Pursyloung R. R.	(Durayor)
9 BIRTHPLACE (State or country) Harfand Council	Contributory Secondary Secondary (Ourstien) yrs mos
10 NAME OF Howard P. Tipitan	(Signed) Address Hands Siece
of FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER aunie Sipple	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra
13 BIRTHPLACE OF MOTHER (State or Country) Warford County	ients or Recent Residents) At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted Druggelle
(Informant) Mr. / Edwa Tapla	Former or usual residence.
(Address) Perspecie Ms,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Feb. 15 1921 Charles J. Foly Negistrar	20 UNDERTAKER L'ADDRESS Les allesson englie
10 1 1 1 1 1 1	r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that faet may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (o) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Housemaid, etc. If the oecupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same adopted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "eontributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Always qualify all

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V. S. No. 1

PLACE	OF	DEATH	11	1	h.D.
County	1	1	2 ma	700	
County (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		unn	100	wy	V

200-P)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 180

Veni		
	St.:	Ward)

01945

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	emalo white 5 SINGLE, MARRIED, infant OR DIVORCED (Write the word)	16 DATE OF DEATH Month (Day) (Year)
6 D	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 A	yrs. about 3 ds. If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
〇P(b) 0m	articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)	Medruary - 23-1931 on Phila road Rear Joseph Harford County md. (Durstion) yrs. mos. do. Contributory Secondary
ENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) functions	(Signed) Fred Aborlow, Coroner M. D. Georgia 1983 (Address) Aborgan, M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14	(Informant) Howard K. Mc Lomas	if not at place of death? Former or usual residence
15	File Felt 26 19831 Fred Morlol Registrar	Wingdon M. E. Cemetery Feb 27, 1931. 20 UNDERTAKER ADDRESS Howard K. Mc Comas albingdon, Ma
-	If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

no " Undersoon" huit & correct

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farner state occupation at beginning of illness. If retire or given up on account of the DISEASE CAUSING DRAFH gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as νay laborer, Farm luborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospin Statement of Cause of Death-Name, first, the LTS Typhoid fever (never report "Typhoid Pneumonia" fever (the only definite synonym is "Epidemic cerebrato time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Lobar pncumonia, Bronchopncumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Mcasles (disease etc. The contributory valvular heart diseasc;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Sarfard TITHIN CORPORATE LI	CERTIFICATE OF DEATH
	Registration Dist. No. 185
Village or City Have de ANGRA Ang	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Baby Brown	was stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE 5 SINGLE, MARRIED, Single OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Het. 8th, 1931	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
yrs. mos. ds. or min.?	The CAUSE OF BEATT THE STATE OF STATE O
B OCCUPATION (a) Trade, profession or	/W//
particular kind of work (b) General nature of industry	7//
business, or establishment in	(Duration) yrs mos de
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Maryland	Secondary (Duration) yrs
10 NAME OF FATHER albert Brown.	(Signord) Arms 26, Bay M. D.
II BIRTHPLACE	#12. Jan 1921 (Address) Amar Date to the first the first than the
State or country) 12 MAIDEN NAME Washeld on hing R	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Clica Bowman	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) South Carolina	of deathyrsmosds. Stateyrsmosds Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Wheet Oron	usual residence
(Address) aberden Md	Union M. & Cometay, Feb 10, 192)
15 Filed 2/8 192/ Churles Jot Lupher.	20 UNDERTAKER ADDRESS
Registrer	Klenry Jarry sons userson my
If more banks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from loborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Foreman, especially in industrial employments, it is neces-For many occupations a (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Stationary fireman, etc. But in many Automobile factory. The material single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, Example: Measles (disease etc. The contributory valvular heart disease;

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N B.--

PLACE OF DEATH County Avord	@ 01950	STATE OF M CERTIFICATE Registration D	OF DEATH
Village or City Narlington (No	torthin	St.: Ward)	(If death occurred in a hospitel ar institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single WHO WEDNESD OR DATE OF BIRTH MON 23, 1879 (Month) (Day) (Year)	17 I HEREBY	(Month) CERTIFY, That Latte	(Day) (Year) nded the decessed from 1925
7 AGE If LESS than I day hrs. or min.?	and that death occu	red on the date stated TH * was as follows:	above, a S. J.D. fe. m.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Melane	(Duration)	yrs. mald do
(State or country) 10 NAME OF FATHER OF FATHER OF FATHER (State or country) (State or country)		(Address) A Co Disrase Causing Death, tate (1) Means of In	or, In deaths from jury and (2) whether
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	10.00	esidents) In the	
(Informant) April Marchanton (Address) Marchanton (Maddress)	if not at place of dear Former or usual residence	nth?	Sel 17. 193
Filed Fth 16 1931 M.V., Rule	HA a	Balley M. Balton, Regulesting V. S	arlington

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., additional line is provided for the latter statement; it should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Peal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed Laborer-Salesman. Coal mine, etc. Wom-Locomotive engineer, (d) Grocery,

Strtement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); priphoid fever (never report "Typhoid Pneumonia"); Labar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. tetanus) may be stated under the head of "contributory. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sorcoma, approved as fracture of skull, and consequences (e.g., separa, Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid by Committee on Chronic Example: Measles (disease "," "Coma," "Convulsions, affection need etc. valvular heart disease; Nomenclature of the The contributory not be etc., of

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